

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027675

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 58

FILED JUL 18 1962

1. PLACE OF DEATH

a. COUNTY

LA Fayette

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Lexington

Length of stay in 1b
24 hr.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lexington Memorial Hospital

Inside Limits
Yes ☒ No ☐

c. CITY OR TOWN Levasy

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
142nd N. 24 Hwy.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Floyd

Middle

E.

Last

Honeycutt

4. DATE OF DEATH

Month July

Day

1-

Year 1962

5. SEX

MALE

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov. 14, 1911

9. AGE (last birthday)

50 yr.

10. UNDER 1 YEAR

Months 0 Days 0

11. IF UNDER 24 HR

Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARM LABORER

10b. KIND OF BUSINESS OR INDUSTRY

agriculture

11. BIRTHPLACE (City and state or country)

Birch Tree, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Delmar Honeycutt

13b. MOTHER'S MAIDEN NAME

Ola May Smith

14. NAME OF HUSBAND OR WIFE

Stella Honeycutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO.

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Stella Honeycutt

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Buerger's disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug, 1954 to 7/1/62 and last saw her alive on 7,1,62

Death occurred at 8:40 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Ben H. Brasher M.D.

(Degree or title)

22b. ADDRESS

Lexington, Missouri

22c. DATE SIGNED

7,3,62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

July 3-1962

23c. NAME OF CEMETERY OR CREMATORY

Buckner

23d. LOCATION (City, town, or county)

Buckner

(State)

Missouri

24. FUNERAL DIRECTOR

Reppert Funeral Home

ADDRESS

Buckner, Mo

25. DATE RECD. BY LOCAL REG.

7-3-62

26. REGISTRAR'S SIGNATURE

Wm. E. [Signature]

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 1542

2 7000

3 2

4 0

5 1

6 0

7 0

8 2

9 453.1

10

11

12 2-0

13 3-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.